 HOOPCLASSED

BASKETBALL CAMP WAIVER FORM

(Must be completed and turned in prior to your child/children’s participation)

Parent or Guardian Release:

Player Name (s)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Age (s)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Contact-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Emergency Number-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Number-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By enrolling my child, I ensure that my child is physically and mentally able to participate

in all of The basketball activities during this event. I understand that Upstate Sting, Corporation Sports,

Hoop Classed, West Side Baptist Church, employees, representatives, independent contractors working

for or in partnership with the parties listed, or the property where the session is held

and any or all of its officials cannot be held responsible in whole or in part for any

accidents, illness or injuries resulting in medical or dental expenses incurred from

participation in this program. I hereby release each of them from and against any and all

claims, costs, liabilities and injuries incurred while in training.

I agree to assume full and complete responsibility for any and all medical bills arising from

a player's participation. In the event of any emergency, I authorize Upstate Sting, Hoop Classed, and all

parties and/or persons involved to exercise its judgment in the treatment of my child by a medical

authority. By signing this release and agreement I acknowledge that I have read and fully understand

and agree to all of its terms.

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Parent/Guardian Signature

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Date